The Frances Taylor Foundation

Sefton Supported Living

Inspection report

St Joseph's Office
Blundell Avenue, Freshfield
Formby, Liverpool
Merseuside
L37 1PH

Tel: 01704872132
Website: ww.ftf.org.uk

Date of inspection visit:
02 August 2016

Date of publication:
19 August 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 2 August 2016 and was announced.

At the time of the inspection Sefton Supported Living provided personal care and support for five adults with disabilities who each held a tenancy in the same house. The service is managed from an office in the Formby area of Merseyside. Management responsibilities had recently transferred from another location managed by the Frances Taylor Foundation.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people that we spoke with had no concerns about the safety of services and we saw that staff were vigilant in maintaining people's safety. The service assessed risk appropriately and reviewed risk following incidents. Incidents and accidents were recorded electronically and subject to a formal review process which included an analysis that was shared with senior managers.

The provider had delivered a training programme for staff regarding adult safeguarding and had a clear policy in place. The staff that we spoke with confirmed that they had attended the training and were able to explain the different types of abuse and what action they would take if they were concerned that abuse or neglect were taking place.

Staff were recruited following a process which included individual interviews and shadow shifts. Each offer of employment was made subject to the receipt of two satisfactory references and the completion of appropriate checks. Staffing levels were assessed according to individual need. None of the people that we spoke with said that staffing levels had ever been a concern.

Staff were trained in the administration of medicines. Medicines were stored and administered safely. Medication Administration Record (MAR) sheets were completed by staff. The records that we saw had been completed and showed no errors or omissions.

Staff had been recruited and trained to ensure that they had the rights skills and experience to meet people's needs. Staff were supported by the organisation through regular supervision and appraisal.

The service was operating in accordance with the requirements of the Mental Capacity Act 2005. People's consent to care was recorded on their care files.

People's day to day health needs were met by the service in collaboration with families and healthcare professionals. Staff supported people at healthcare appointments and used information to update support

plans.

We had limited opportunities to observe staff providing support during the inspection. Where we did observe support we saw that staff demonstrated care, kindness and warmth in their interactions with people. People told us that they very were happy with the care and support provided. It was clear that the provision of care and support were not task-led and were individualised to meet the needs of each person.

Staff understanding of people's needs was enhanced by the way in which people's needs were assessed and recorded. The service used a range of methods to capture and record important information about people's histories, likes, dislikes and aspirations. Some of the processes and documentation were in the early stages of development, but made good use of person-centred language and approaches to present a positive impression of each person and set clear goals and objectives.

Family members told us that they were free to visit their relatives at any time and were always made to feel welcome by the staff. We saw from care records and person-centred plans (PCP's) that people and their families were regularly involved in the assessment and review of care and support. Family members were clear about reporting concerns or complaints although no formal complaints had been submitted recently.

Before the service started the provider collected information from health and social care professionals and completed their own detailed assessment of care and support needs. The provider made use of person-centred planning techniques to maximise the involvement of people in the planning process. We saw that PCP's were produced to a very high standard with words and pictures used well to aid understanding. The plans had been further personalised by the use of different fonts, photographs and colours to reflect people's preferences.

The service had clearly been developed and was continuing to develop with input from people, their families and staff. Staff told us that they were kept well-informed of any issues and proposals in relation to the service. Open communication was encouraged at all levels. We saw evidence of regular communication with people using the service, staff and other services.

The staff that we spoke with were motivated to provide high quality care and understood what was expected of them. They spoke with enthusiasm about the people that they supported and their job roles.

The registered manager was available to members of the staff team throughout the inspection and offered guidance and support appropriately. We saw that staff had been briefed regarding the inspection process and that important staff guidance made reference to regulations.

The registered manager had clear systems and resources available to them to monitor quality, drive improvement and manage the business. The provider had an extensive set of policies and procedures to guide staff conduct and help measure performance. These were available to staff in both hard-copy and electronic formats.

The registered manager was knowledgeable about their role and the organisation. They were able to provide evidence to support the inspection process in a timely manner and facilitated meetings with people who use the service , family members and staff. They spoke with enthusiasm about working for the organisation and said that they were well supported by senior managers.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were recruited safely subject to the completion of appropriate checks and references.

Risk was appropriately assessed by experienced staff and reviewed on a regular basis.

Medicines were stored and administered safely by staff. Detailed records were maintained.

Is the service effective?

Good

The service was effective.

Staff demonstrated that they understood the key principles of the Mental Capacity Act 2005 (MCA) and delivered care and support in accordance with the act.

Staff were suitably trained and supported to ensure that they could meet the needs of people living at the home.

People were encouraged and supported creatively to maintain a healthy and balanced diet.

Is the service caring?

Good

The service was caring.

Staff interacted with people in a manner which was kind, compassionate and caring.

People were consistently involved in their own care and contributed to making decisions based on information provided by staff.

Staff adapted their communication style to meet the needs of the people using the service.

Is the service responsive?

Good

The service was responsive.

People were supported with individualised activities and supported to develop their skills where appropriate.

People were encouraged to be as independent as possible and received staff interventions on request or when staff assessed that support was required.

Staff knew the needs and preferences of each person and responded with confidence when care or communication was required.

Is the service well-led?

Good

The service was well-led.

Staff were clearly motivated to do their jobs and enjoyed working at the home.

Communication between the provider, people using the service, families and staff was regular and effective.

The manager had developed an approach to quality monitoring which was appropriate for the size of the home.

Sefton Supported Living

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 August 2016 and was announced. 72 hours' notice was given because the service delivers care in a single location and the people who live there are often out during the day. We needed to be sure that someone would be in.

The inspection was conducted by an adult social care inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with people using the service, their relatives, staff and the manager. We also spent time looking at records, including five care records, four staff files, staff training plans and other records relating to the management of the service. We also observed the delivery of care at various points during the inspection.

During our inspection we spoke with the two people living at the home and five relatives. The other three people who received a service were engaged in activities away from their home throughout the day and had chosen not to speak with the inspector. We also spoke with the registered manager, deputy manager, two support workers and a student nurse who was on placement.

Good

Is the service safe?

Our findings

The people that we spoke with had no concerns about the safety of services. One relative told us, "I've no concerns about safety. It's excellent as far as I'm concerned. There's always plenty of staff." Another relative said, "The staff are very good. Instead of sitting at home worrying, you don't." When we asked people who used the services if they felt safe one person told us, "I feel safe. I feel happy."

The provider had delivered a training programme for staff regarding adult safeguarding and had a clear policy in place. The staff that we spoke with confirmed that they had attended the training and were able to explain the different types of abuse and what action they would take if they were concerned that abuse or neglect were taking place. The provider had a range of formal and informal systems and procedures in place which allowed people using the services, their relatives and staff to raise any concerns. Evidence of these systems was made available during the inspection. There had been no safeguarding referrals made regarding the service in the 12 months leading-up to the inspection. An easy read version of important safeguarding information was available to people who used the service.

The care files that we saw showed clear evidence that risk had been assessed and reviewed regularly. Risk was reviewed by staff with the involvement of the person or their relative and maintained a focus on positive risk taking to support independence. For example, we saw care plans and risk assessments for making hot drinks which the person had signed throughout. We saw that risk had been reviewed following incidents and adjustments to support plans made as a result. We saw that appropriate referrals were made following incidents. In one case a referral had been made to a specialist falls team. Staff were able to explain what action they would take in the event of an incident or emergency. Each care record contained contact details in case of emergency.

Incidents and accidents were recorded electronically and subject to a formal review process which included an analysis that was shared with senior managers. For example, information relating to falls had been analysed to look for patterns and review risk following an incident. Staff had been briefed on checking people following falls by a senior member of staff following an incident when an injury occurred.

The provider had a robust approach to whistleblowing which was detailed in the relevant policy. The policy contained details of organisations that could process whistleblowing concerns and advise staff. Staff were able to explain internal mechanisms for reporting concerns and were aware of the external resources available to them if required. Each of the staff that we spoke with expressed confidence in internal reporting mechanisms, but were clear about what action they would take if they needed to report outside of the organisation.

Staff were recruited following a process which included individual interviews and shadow shifts. Each offer of employment was made subject to the receipt of two satisfactory references and a Disclosure and Barring Service (DBS) check. A DBS check provides evidence that a person is suited to working with vulnerable adults. Each of the DBS checks that we saw had been completed within the last three years. Staffing levels were assessed according to individual need. None of the people that we spoke with said that staffing levels

had ever been a concern. New staff were introduced gradually and assessed as suitable to work with the person. However there had been no new staff introduced into the service recently.

We saw evidence that the service adopted a robust approach to the management of staff discipline. Staff records contained information about staff being challenged regarding their attitude and performance. There was also evidence that the provider communicated lessons learnt from other incidents to promote quality and consistency. For example, we saw a memo to staff giving them guidance on policy and practice relating to drinking alcohol in the presence of people using the service.

The organisation had a robust approach to the monitoring of safety across the service. Some safety checks are not a legal requirement for the provider in non-registered homes, for example; supported living services but were completed with the permission of the people using the service, in conjunction with landlords, and in accordance with accepted schedules. These included checks on; medicines, fire safety, water temperatures and gas safety.

Staff were trained in the administration of medicines. Medicines were stored and administered safely. Medication Administration Record (MAR) sheets were completed by staff. The records that we saw had been completed and showed no errors or omissions. Records were completed in relation to all medicines, including the use of creams and lotions. We saw good evidence of PRN (as required) protocols for pain relief. They provided staff with clear guidance and were recorded on the relevant MAR sheets.

Good

Is the service effective?

Our findings

Staff had been recruited and trained to ensure that they had the rights skills and experience to meet people's needs. Staff were supported by the organisation through regular supervision and appraisal. One member of staff told us, "We do mandatory [required by the provider] training and extra ones on-top. I get supervision every eight weeks and an annual appraisal. I feel well supported." A student nurse on placement with the provider said, "The training is fantastic." Relatives told us that they were confident that staff had the right skills to support their family members.

Staff had been required to complete an induction programme and additional training relevant to the needs of the people receiving the service. Training was provided by internal trainers and external specialists. Subjects included; safeguarding adults, moving and handling, administration of medication, Mental Capacity Act 2005 and equality and diversity. We looked at records relating to training and saw that the majority of training had been refreshed in accordance with the service's schedule. Staff also had access to additional training to aid their personal and professional development. For example, 80% of staff held a recognised qualification at level two or above or had been registered on a course.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. People's capacity was assessed in conjunction with families and professionals. Staff were aware of the need to seek authorisation if people's liberty needed to be restricted to keep them safe.

People were supported to shop for food and prepare meals in accordance with their support plans. One relative told us, "They [staff] let [relative] pick from a menu. They involve [relative] and let [relative] make their own lunch." We saw evidence of people being supported to prepare their own food. For example, one person was preparing cakes for a party later in the evening. Staff understood each person's preferences and requirements for food and worked creatively to make sure that people ate healthily. In one example, a person had been encouraged to make vegetable soup because they were reluctant to eat vegetables as part of a main meal. People were also supported with eating and drinking in community settings in accordance with their support and activity plans. Some people chose alcoholic drinks and were supported with their purchase by staff. A family member said, "[relative] likes a little lager. Staff support [relative] to have a pint."

People's day to day health needs were met by the service in collaboration with families and healthcare professionals. Staff supported people at healthcare appointments and used information to update support plans. We saw clear evidence in care records that staff supported people to engage with community and specialist healthcare organisations to support their wellbeing. In one example, a healthcare specialist had advised a reduction in potassium intake. Clear instructions had been given to staff and they demonstrated their awareness of the requirement when asked.

Good

Is the service caring?

Our findings

We had limited opportunities to observe staff providing support during the inspection. Where we did observe support we saw that staff demonstrated care, kindness and warmth in their interactions with people. People told us that they very were happy with the care and support provided. One person using the service told us, "I like it here. I like my showers. I feel happy." Another person said, "I like living here." Comments from family members included, "Staff speak with respect. They're caring." Also "Staff are very caring. They know [relative's] needs very well. They're very tolerant and patient." And Staff treat [relative] with respect. They're very friendly and look after [relative's] every need."

People were supported by the same staff on a regular basis. It was clear that the provision of care and support were not task-led and were individualised to meet the needs of each person. For example, on the day of the inspection each of the people received care in very different ways. One person was actively engaged in one to one activities of their own choice, while the other person was being given time and space rest as they were feeling unwell. When we asked staff about the difference in approach they were able to provide a clear explanation of people's needs and preferences for support.

Staff took time to explain to people what they were doing or what activities were planned. We were given an example in which staff explained each time why they needed to take a person's temperature. This was required to monitor their health and was done on a regular basis. Staff also told us that they regularly explained what medicines they were administering and what they were for.

The team leader provided support when regular staff were not available and at times when people needed additional care. The registered manager and the deputy manager were knowledgeable about each of the people that used the service and each member of staff. People had regular contact with the registered manager and deputy manager and were able to refer to them by name. A contact number for the registered manager was available to people using the service and their families.

We saw that staff knew the people that they supported well. When we spoke with them they described the person and their needs in detailed positive terms. Staff told us that they enjoyed providing support to people and were able to explain how they involved people in making decisions about their day-to-day care and support. Comments from family members indicated that the people using the service were valued and involved in the development and delivery of support. We saw that staff were respectful of people and provided care and support in a flexible manner.

Staff understanding of people's needs was enhanced by the way in which people's needs were assessed and recorded. The service used a range of methods to capture and record important information about people's histories, likes, dislikes and aspirations. Some of the processes and documentation were in the early stages of development, but made good use of person-centred language and approaches to present a positive impression of each person and set clear goals and objectives. A person-centred approach puts the needs of each individual at the centre of the planning and decision-making process. Each person was in the process of developing a 'Making it Happen' record. This required trained staff to record important information about;

communication, relationships, activities, lessons learnt and other key measures. The information was then presented in a personalised, creative manner and used as a working tool to inform staff practice. People were encouraged to access these records and contribute to their development on a regular basis. Staff spoke extremely positively about the impact that this was having on their thinking and the quality of interaction with people using the service.

The staff that we spoke with described the services as promoting choice, independence and control for the individual. One family member said, "They [staff] have really developed [relative's] skills immensely. [Relative] helps in the kitchen and keeps their room tidy. When [relative] comes home they come home in a good mood and are much easier to be around." People had family members to represent them meaning that no one was currently using the services of an independent advocate.

We asked people about the need to respect privacy and dignity. Staff were clear about their roles in relation to privacy and dignity and gave practical examples of how they were promoted in a shared home. For example, one member of staff commented on the need to keep doors closed and redirect other people if they asked for support while staff were engaged in the provision of personal care. They also told us that people were discouraged from going into other people's rooms unless they were invited.

Family members told us that they were free to visit their relatives at any time and were always made to feel welcome by the staff.

Good

Is the service responsive?

Our findings

We saw from care records and person-centred plans (PCP's) that people and their families were regularly involved in the assessment and review of care and support. Family members were clear about reporting concerns or complaints although no formal complaints had been submitted recently. One family member said, "The staff's attitude is to include me in discussions. I've always come to the person in charge and any concerns have been well dealt with." Another family member told us, "They [staff] always contact me before decisions are made." While a third person commented, "They [staff] talk to [relative] about care needs and let us know what's going on."

We asked if people could express a preference for a particular member of staff to provide their care. We were told that while nobody currently living at the home had expressed a preference it would be accommodated in the staffing allocation if requested. We were also given examples of how staff' skills, experience and interests were matched to those of the people that they were supporting. We saw in care records and staff files that this information had been used effectively.

People were supported to follow individual interests and had access to a range of activities. Some people used external services while others were supported from their home. For example, one person enjoyed working with wool. Staff had worked with the person to develop their skills and the activity by designing a project with specific goals and an end product. We saw the person engaged in the activity and they were keen to show their skills and the finished products. In another example, staff had made use of innovative techniques to provide individual sensory stimulation. We saw examples where this had promoted positive engagement with people who did not communicate through speech. A student nurse told us, "Our activities, what we do to support and involve people are exceptional. It's innovative."

Before the service started the provider collected information from health and social care professionals and completed their own detailed assessment of care and support needs. The provider made use of person-centred planning techniques to maximise the involvement of people in the planning process. We saw that PCP's were produced to a very high standard with words and pictures used well to aid understanding. The plans had been further personalised by the use of different fonts, photographs and colours to reflect people's preferences. The written information in the plans was detailed and respectful. Each plan clearly showed that the person using the service had been actively involved in its development. The plans had been subject to regular review and updates. Key documents were signed by people using the service where appropriate. The PCP's that we saw provided a clear indication of the person's likes and dislikes. They also included details of how the person wanted to be supported and what their goals and aspirations were. The presentation of the PCP's was being reviewed to ensure that they were unique and reflected the personality of each individual.

People were given a number of options if they chose to complain about the service. They could speak directly to staff or managers. They could also use the easy to read complaints process. The provider had also held a complaints' workshop which included staff guidance and an explanation of the easy read guidance for people using the service. No complaints were recorded recently. People were encouraged to share their

experiences and views about the provider through a range of other processes including a series of surveys. The results were analysed and reported to senior managers. We saw evidence that managers had acted effectively to respond and to communicate changes with people using the services, their families and staff.

Good

Is the service well-led?

Our findings

A registered manager was in place.

The service had clearly been developed and was continuing to develop with input from people, their families and staff. Staff told us that they were kept well-informed of any issues and proposals in relation to the service. Open communication was encouraged at all levels. We saw evidence of regular communication with people using the service, staff and other services. For example, we saw that managers and staff communicated effectively with providers of day services to ensure that important information was shared. A family member said, "If anything happens we get told straight away." While another family member added, "If there's anything we get told. We work with the [staff] team." A student nurse told us, "Staff get good guidance and information." One member of staff told us, "I get well-informed about changes and developments. We have staff meetings and briefings."

The provider encouraged people and their families to provide feedback through a range of formal and informal mechanisms. They issued annual surveys and sought feedback at each review. Information from surveys was shared with people and their families. The comments from surveys that we saw were all positive. The family members that we spoke with confirmed that (where they had returned the surveys) their comments were exclusively positive. People and their relatives told us that they fed-back to the registered manager, team leader and other staff on a day-to-day basis.

The staff that we spoke with were motivated to provide high quality care and understood what was expected of them. They spoke with enthusiasm about the people that they supported and their job roles. One member of staff said, "I enjoy working here. It's a happy home. Everyone cares about what they do." Another member of staff told us, "I love my job. When we went over to supported living it was like, wow. We can do so much."

The registered manager was clearly aware of the day to day culture and issues within the service. We saw that they knew the people using the service and their staff well. The registered manager understood their responsibilities in relation to their registration. Notifications relating to people who used the service had been submitted to the commission as required.

The registered manager was available to members of the staff team throughout the inspection and offered guidance and support appropriately. We saw that staff had been briefed regarding the inspection process and that important guidance made reference to regulations. This meant that staff had a basic understanding of the regulations and the implications for their job roles. One member of staff said, "The managers are always available. The team leader is supernumerary [works in addition to the care team] most of the time." A relative said, "I would have thought it was well-managed."

The registered manager had clear systems and resources available to them to monitor quality, drive improvement and manage the business. For example, we saw a business plan which had been recently reviewed. The plan included a section on emergencies that provided essential information for staff. The

provider had an extensive set of policies and procedures to guide staff conduct and help measure performance. These were available to staff in both hard-copy and electronic formats. The registered manager was knowledgeable about their role and the organisation. They were able to provide evidence to support the inspection process in a timely manner and facilitated meetings with people who use the service, family members and staff. They spoke with enthusiasm about working for the organisation. They said that they were well supported by senior managers. They understood their role in relation to the assessment and monitoring of quality and coordinated the collection and collation of data in relation to quality and safety audits.

The registered manager and other senior managers had completed a series of quality and safety audits on a regular basis. Important information was captured electronically and used to produce reports. The audits clearly identified where issues had been identified and what action was required to address them. We were told that these reports were shared with senior managers throughout the organisation and used at a local level to monitor and drive improvement. Issues assessed during quality audits included, accidents and incidents, service user involvement and communications.